

1. CIR/DIST./DIV. CODE GUX		2. PERSON REPRESENTED CRISOSTOMO, JOEY G.		VOUCHER NUMBER																																																																																																																				
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:07-000094-002		5. APPEALS DKT./DEF. NUMBER																																																																																																																				
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. CRISOSTOMO		8. PAYMENT CATEGORY Misdemeanor																																																																																																																				
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See instructions) Criminal Case		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 13-9130.M -- GAME CONSERVATION ACTS																																																																																																																				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ECUBE, CYNTHIA V. 207 Martyr Street, Suite 3 Hagatna GU 96910 Telephone Number: (671) 472-8889		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney C Co-Counsel R Subs For Retained Attorney Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Lellani R. Toves Hernandez 11/29/2007 Signature of Attorney and Court By Order of the Court 10/01/2007 Date of Order 10/01/2007 Name Pro Func Date 10/01/2007 Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																																																						
<table border="1"><thead><tr><th colspan="2">CATEGORIES (Attach itemization of services with dates)</th><th>HOURS CLAIMED</th><th>TOTAL AMOUNT CLAIMED</th><th>MATH/TECH ADJUSTED HOURS</th><th>MATH/TECH ADJUSTED AMOUNT</th><th>ADDITIONAL REVIEW</th></tr></thead><tbody><tr><td rowspan="8">In Court</td><td>15. a. Arraignment and/or Plea</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>b. Bail and Detention Hearings</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>c. Motion Hearings</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>d. Trial</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>e. Sentencing Hearings</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>f. Revocation Hearings</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>g. Appeals Court</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>h. Other (Specify on additional sheets)</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">(Rate per hour = \$ 94.00) TOTALS:</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td rowspan="5">Out of Court</td><td>16. a. Interviews and Conferences</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>b. Obtaining and reviewing records</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>c. Legal research and brief writing</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>d. Travel time</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>e. Investigative and Other work (Specify on additional sheets)</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">(Rate per hour = \$ 94.00) TOTALS:</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">18. Other Expenses (other than expert, transcripts, etc.)</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	In Court	15. a. Arraignment and/or Plea						b. Bail and Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						h. Other (Specify on additional sheets)						(Rate per hour = \$ 94.00) TOTALS:							Out of Court	16. a. Interviews and Conferences						b. Obtaining and reviewing records						c. Legal research and brief writing						d. Travel time						e. Investigative and Other work (Specify on additional sheets)						(Rate per hour = \$ 94.00) TOTALS:							17. Travel Expenses (lodging, parking, meals, mileage, etc.)							18. Other Expenses (other than expert, transcripts, etc.)						
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION 04																																																																																																																			
22. CLAIM STATUS Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																								
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES																																																																																																																				
26. OTHER EXPENSES		27. TOTAL AMT. APPR /CERT		28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER																																																																																																																				
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34a. JUDGE CODE		DATE		34b. JUDGE CODE																																																																																																																				